

Two Harbours Healthcare Limited

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Inspection report

Wyke Regis Health Centre
Portland Road
Weymouth
DT4 9BE

Tel: 01305 831331

Website: www.twoharbourshealthcare.co.uk

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Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Overall summary

This service is rated as Good overall.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Two Harbours Healthcare Ltd as part of our inspection programme.

This was the first inspection for this service.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the

Summary of findings

services it provides. There are some general exemptions from regulation by CQC which relate to particular types of service and these are set out in Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At Two Harbours Healthcare Ltd services are provided to patients under arrangements made by their own GPs. Therefore, we only inspected the services which are provided by Two Harbours Healthcare Ltd and not arranged for patients by their GPs.

One of the eight directors is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Patient feedback was obtained through 36 comment cards completed. Comment cards contained positive comments about the staff, services and treatment. Comments included evidence that staff treat people with kindness, respect, care and empathy. Patients were particularly pleased with the leg club provision.

Our key findings were:

- The provider provided care in a way that kept patients safe and protected them from avoidable harm.
- There were comprehensive systems to keep people safe, which take account of current best practice.
- Patient records were effectively and comprehensively maintained.

- Services were planned and delivered in a way that met the needs of the local population. The importance of flexibility, choice and continuity of care was reflected in the services provided.
- Patients received effective care and treatment that met their needs.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The provider organised and delivered services to meet patients' needs. Patients could access care and treatment in a timely way.
- The provider was an integral part of the local community and actively promoted the health of the population and because feedback from patients was consistently positive about the service they received from them.

The areas where the provider **should** make improvements:

- Formalise the infection control checklist for the Leg Club community locations.
- Continue with the level three safeguarding training for all clinicians
- Review the clinical audit programme to identify where improvements could have a positive impact on the quality of care and outcomes for patients.

Dr Rosie Benneyworth BM BS BMedSci MRCGP Chief Inspector of Primary Medical Services and Integrated Care

Two Harbours Healthcare Limited

Detailed findings

Background to this inspection

Two Harbours Healthcare Ltd is based at Wyke Regis GP practice and is a local not-for-profit organisation that works across the community to improve patient care through providing high quality community based clinical services and by linking together local General Practices to help develop and provide those services.

They have a NHS Standard Contract and contracts with Dorset County Council to enable them to provide primary medical services within their area.

The organisation provides a wide range of services.

Two Harbours Healthcare staff provided several services including:

- Weymouth Elderly Care Service – WECS- now called the Enhanced Frailty Service
- Leg Club Service
- Mobile Urgent Care Services – MUCS

Two Harbours Healthcare Ltd also worked in collaboration with other stakeholders and organisations to administer and provide other services including:

- Improved Access General Practice Services – IAGPS
- Weymouth Urgent Treatment Centre – WUTC
- Integrated Community Primary Care Services – ICPCS

- Integrated Care Hub
- Annual Locality Flu Service
- Public Health Contracts – via the GP practices

Two Harbours Healthcare Ltd are registered with CQC to provide regulated activity: the treatment of disease, disorder and injury.

Two Harbours Healthcare Ltd provides the clinical services in host locations situated in the local community. The host clinical sites include 19 care homes, GP practices, community halls and patients own homes. The service operates from the headquarters at Wyke Regis Health Centre, Portland Road, Weymouth, DT4 9BE

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser and a GP specialist advisor (observing).

Are services safe?

Our findings

We rated safe as Good because:

Safety systems and processes

The service had clear systems to keep people safe and safeguarded from abuse.

- Arrangements for safeguarding reflected relevant legislation and local requirements. For example, the safeguarding leads for adults and children had been trained to adult safeguarding levels four and five. All staff received up-to-date safeguarding and safety training appropriate to their role. Staff knew how to identify and report concerns. All doctors had trained to level three and nurses to a minimum of level two. There was acknowledgement and intention that nurses would be working towards level three.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). Staff who acted as chaperones were trained for the role and had received a DBS check.
- The provider sought assurances that safety risk assessments were completed at each location used for their services and were in the process of introducing an overarching system to monitor these.
- The provider had appropriate safety policies, which were regularly reviewed and communicated to staff.
- There was an effective system to manage infection prevention and control across the different sites. The provider ensured that all locations used by Two Harbours Healthcare staff were registered with the CQC had a good rating. Two Harbours Healthcare staff followed infection control processes and completed visual infection control checks on community locations

when each leg club was held. These checks were in the process of being recorded. Any concerns were referred to the manager of that location. Follow up processes were in place.

- The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste where leg club services were provided.
- The provider carried out appropriate environmental risk assessments, which took into account the profile of people using the service and those who may be accompanying them.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for staff tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis.
- Two Harbours Healthcare staff had access to the emergency equipment held by the host practices.
- There were appropriate indemnity arrangements in place to cover all potential liabilities

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The provider had systems that allowed for the sharing of information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Safe and appropriate use of medicines

Are services safe?

The service did not hold supplies of medicines.

Emergency medicines could be accessed at each site the provider used. The responsibility for maintaining and checking this equipment lay with the host provider but additional visual checks were completed by Two Harbours Healthcare staff.

We spoke with doctors who confirmed they could access formularies for prescribing guidance. We were informed that prescribing patterns were monitored and reported to the directors.

Track record on safety and incidents

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned, and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned, and shared lessons, identified themes and took action to improve safety in the service. For example, there was a trend in patient deaths not occurring at the patients chosen place. Further education and communication with care home staff saw a reduction in these events and improvement of meeting patients requests for preferred place of death.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about and reporting notifiable safety incidents.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team including sessional and agency staff.

Are services effective?

(for example, treatment is effective)

Our findings

We rated effective as Good because:

Effective needs assessment, care and treatment

The provider had systems to keep clinicians up to date with current evidence-based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service)

- The provider assessed needs and delivered care in line with relevant and current evidence-based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines.
- Patient records were effectively and comprehensively maintained.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clinicians had enough information to make or confirm a diagnosis
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff assessed and managed patients' pain where appropriate.

Monitoring care and treatment

The provider had a list of audit activity. Many of these were being further developed as the business expanded. The provider was also looking at ways to expand this programme to include clinical audits. This would be to identify where improvements could be made to have a positive impact on quality of care and outcomes for patients.

Current non clinical audit included:

- Palliative drug prescribing in care homes over a seven-month period. The audit confirmed that nursing staff were only using the medicines when required, and in 37.5% of patients who died (and all of the patients who didn't die), the medicines were not used at all.
- An audit of the Weymouth Elderly Care Service (frailty scheme). This showed a reduction in hospital admissions and increase in patients at the end of their life dying in the place of their choice.

The providers submitted an annual progress report to the directors and CCG to demonstrate effectiveness of the services provided. For example, a report of the elderly frailty service monitored data of referrals, caseload analysis, Dorset Care Plans, special message, feedback from care homes, locality pharmacy data and housebound referral criteria. This data showed referrals from the frail elderly service were for memory services, speech and language therapy, dietician, community mental health team, Integrated Community Rehab Team and audiology.

Data was also collected on the patients preferred place of death. Data showed that this was monitored. In 2015/16 this was reported at 94.9% of patients dying in their preferred place. By 2018/19 this had increased to 98%. Initially, in 2016, it was identified that additional support for care home staff was required. This communication and education improved the percentages but remaining rates of patients who die in non-preferred place of death were further monitored. For example, in 2018/19 of 2.0% who died in non-preferred place of care; all were in hospital. Two were against what the care plan suggested but had palliative drugs already in place. The third was against care plan but it was not possible to achieve adequate symptom control in the community.

Health and safety, Infection Control, and Fire Safety audits completed annually for all the sites where their services were based.

Patient surveys were used to monitor care and treatment. For example, the organisation had managed the closure of a GP practice and had consulted patients and found feedback had been positive about the process.

NICE and Medicines and Healthcare products Regulatory Agency (MHRA) alerts were communicated amongst the team. The Frailty doctor received these and brought any relevant alerts to the team at the monthly meeting with the nurse practitioners, or before if required in daily conversation.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- All staff were appropriately qualified. The provider had an induction programme for newly appointed staff.

Are services effective?

(for example, treatment is effective)

- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC)/Nursing and Midwifery Council and were up to date with revalidation.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- Staff were prompted to complete statutory and mandatory training requirements when refresher dates were due. Mandatory training could be accessed by an online portal.
- A designated administrator maintained a spreadsheet to demonstrate that staff had completed mandatory training and training in safeguarding, information governance and basic life support.
- Two Harbours Healthcare staff received additional support from community staff based at the community hospital. These included district nurses and the community matrons.

Coordinating patient care and information sharing

Staff worked together, and worked well with other organisations, to deliver effective care and treatment.

- We were given many examples of working with other services and saw that the provider did so when necessary and appropriate. For example, the organisation staff liaised with patients care home staff, GPs, external healthcare providers, CCGs and NHS departments.

- All patients were referred by the patient's own GP and follow up information was returned to their practice. The organisation used the same IT system so were also able to access and use patient electronic records.
- The Two Harbours Healthcare staff presented a two-monthly report on data and patient outcomes to the directors of the company to demonstrate effectiveness.

Supporting patients to live healthier lives

Staff were consistent and proactive in empowering patients, and supporting them to manage their own health and maximise their independence.

Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support.

Consent to care and treatment

The service obtained consent to care and treatment in line with legislation and guidance.

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The service monitored the process for seeking consent appropriately.

Are services caring?

Our findings

We rated caring as Good because:

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment.

- Interpretation services were available for patients who did not have English as a first language.
- Patients told us through comment cards, that they felt listened to and supported by staff.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Patient feedback confirmed that time was spent with patients to discuss, explain and agree to the plan of care to reduce any anxieties they may have.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated responsive as Good because:

Responding to and meeting people's needs

The service organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The provider demonstrated to us on the day of inspection they understood the needs of the local health community and had used this understanding to provide additional services to improve patient care. For example, the introduction of the leg club.
- Adjustments had been made so that people in vulnerable circumstances could access and use services. For example, housebound patients and those living in care homes.

Timely access to the service

Patients were able to access care and treatment from the service within an appropriate timescale for their needs.

Two Harbours Healthcare staff provided several services including:

- Weymouth Elderly Care Service – WECS- now called the Enhanced Frailty Service
- Leg Club Service
- Mobile Urgent Care Services – MUCS

Two Harbours Healthcare Ltd also worked in collaboration with other providers to provide other services:

- Improved Access General Practice Services – IAGPS
- Weymouth Urgent Treatment Centre – WUTC
- Integrated Community Primary Care Services – ICPCS
- Integrated Care Hub
- Annual Locality Flu Service
- Public Health Contracts – via the GP practices

The Weymouth Elderly Care Service (WECS) was renamed in March 2019 to Weymouth and Portland Frailty Service to reflect more accurately the population served by the service and the greater degree of locality working. The GP

practices who accessed this service were Cross Road Surgery, Dorchester Road Surgery, Bridges Medical Practice, Wyke Regis and Lanehouse Surgery and partial cover for Royal Manor Surgery and Royal Crescent and Preston Road Surgery (RCS).

In 2015/16 the service was provided to 386 patients. This number has increased each year and now reported at 473 patients. The service was a ward round approach by a core team caring for patients in 19 care homes and nursing homes, and for housebound patients in the locality. The team comprised of two Two Harbours Healthcare doctors and a team of nurses and nurse practitioners. This team worked in an integrated fashion with the wider MDT which currently existed in the locality offering a proactive service, reducing non-elective or emergency admissions, better management of long-term conditions and more co-ordinated care planning for end of life. Vulnerable patients on the frailty caseload were discussed at each practices' MDT meetings.

A key function included early identification of deteriorating patients and early diagnosis which enabled the core team and existing health and social care teams to set in place early intervention. This was with an aim of reducing emergency admissions, reducing permanent admissions to care and residential homes, enabling patients to be able to remain in their own homes or place of residence for as long as possible.

- Two Harbours staff visited patients in 19 care homes each week. The Two Harbours Healthcare doctor was the designated doctor for these patients and completed routine medication reviews, routine long-term medicine management, routine care and routine queries from care home staff. Any urgent care remained the responsibility of the patients 'home' GP practice.
- 300 frail housebound patients in the community were identified in the GP multi-disciplinary team meetings and allocated to the Two Harbours Healthcare nursing team. These patients remained under the care of their GP. The Two Harbours Healthcare nursing team addressed the chronic disease management and liaised with the patients GP.

Two Harbours Healthcare Ltd had recently set up five 'Leg Club' services. (Leg Clubs are a research-based initiative providing treatment, health promotion, education and ongoing care for people who are experiencing leg related

Are services responsive to people's needs?

(for example, to feedback?)

problems such as ulcers and held in non-clinical locations). Two Harbours Health Care had initiated five Leg Clubs in the local community which were staffed by local practice nurses and community nurses but managed and overseen by a Two Harbours Healthcare nurse.

Feedback from patients had been positive and staff said patients were called club “members” rather than patients and did not require an appointment and could drop in for a cup of tea or coffee whilst awaiting treatment. Two Harbours Healthcare had purchased a van to transport the equipment. Staff had access to clinical records via telephone hotspot and laptop. Dopplers were used for the assessment of blood flow in the legs and ongoing referrals possible remotely. Anecdotal evidence was that healing rates were very good. Data was being collected to demonstrate this.

The Mobile Urgent Care Service (MUCS) was for patients who had an acute on the day need for a home visit who were frail or becoming frail. Patients were visited in their homes by a Two Harbours Healthcare nurse practitioner, following telephone triage by their usual GP or a clinician from their own practice. The nurse practitioner assessed the patient’s need and agreed with the patient their ongoing treatment / care plan and involved other members of the primary healthcare or wider team as necessary. This

meant that patients had access to a quick response earlier in the day allowing for earlier mobilisation of care and support helping to keep patients well and safe in their own environment if at all possible.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The service had not received any complaints. There was a complaint policy and procedures in place. The service had systems in place to ensure lessons would be learned from individual concerns and from analysis of trends.
- We were told that patients would be given an apology should this be required and involved in any investigation if appropriate.

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

Our findings

We rated well-led as Good because:

Leadership capacity and capability;

The Two Harbours Healthcare Ltd was a not for profit organisation led by six local GPs in Weymouth and Portland. The GP practices formed the Two Harbours Healthcare Ltd organisation to work closely to share expertise, resources and provide or commission services for the NHS. One of the directors of the organisation took the lead and worked with a practice manager in organising the service delivery.

There were organisational responsibilities within the organisation and communication was effective across the organisation. Staff said the leadership team were good to work with and added that this was due to the approachable nature of the head office senior management team.

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- Staff employed by host providers told us that communication was very good and added that senior staff were approachable, receptive and keen to provide a good service.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

Vision and strategy

The service had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.

- The service developed its vision, values and strategy jointly with staff and external partners
- Staff were aware of and understood the vision, values and strategy and their role in achieving them
- The service monitored progress against delivery of the strategy.

Culture

The service had a culture of high-quality sustainable care.

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- There were consistently high levels of constructive staff engagement and staff at all levels were actively encouraged to raise concerns. The service operated a no blame culture for raising concerns, with the focus being on outcomes, learning and improving quality.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff, including nurses, were considered valued members of the team. They were given protected time for professional time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- The providers submitted an annual progress report to the directors and CCG to demonstrate effectiveness of the services provided. For example, data of referrals, caseload analysis, Dorset Care Plans, special messages for out of hours providers, feedback from care homes, locality pharmacy data and housebound referral criteria.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There were clear lines of accountability with regard to the governance and oversight of premises and facilities.
- There was effective communication and service level agreements place to ensure health and safety, fire safety and infection prevention and control audits were completed, and effective safety maintained.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of safety alerts, incidents, and complaints.

- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality.
- The provider had plans in place and had trained staff for major incidents.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The service used performance information which was reported and monitored, and management and staff were held to account
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The service submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The service involved patients, the public, staff and external partners to support high-quality sustainable services.

- The service encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape services and culture. For example, all patients for each clinic were provided with a patient satisfaction questionnaire and results were reviewed quarterly. We were provided with the results of each of these clinics and saw that comments had been responded to.
- The service was an integral part of the local community and actively promoted the health of the population and feedback from patients was consistently positive about the service they received from the service.

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

- Staff could describe to us the systems in place to give feedback. We saw evidence of feedback opportunities for staff and how the findings were fed back to staff. For example, the frailty lead was able to introduce changes in policies following national guideline changes and discussion at management meetings and then implemented. We also saw staff engagement in responding to these findings.
 - Staff told us they were provided with opportunities, and felt encouraged to give feedback and play an active role in the development of services provided.
 - The service was transparent, collaborative and open with stakeholders about performance.
 - There was a focus on continuous learning and improvement.
 - The service made use of internal and external reviews of incidents. Learning was shared and used to make improvements. For example, further communication and education sessions were held for care homes staff to encourage an improvement in meeting patients preferred place to death rates.
 - Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
 - There were systems to support improvement and innovation work. For example, one of the GPs was involved in a locality project looking at data for patients that had a diagnosis of chronic obstructive pulmonary disease (COPD). The lead GP worked with the new locality respiratory team to identify areas where more work is needed, and improvement is necessary.
- Continuous improvement and innovation**
- There were evidence of systems and processes for learning, continuous improvement and innovation.**